1-15 February 2012

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Whole genome testing has its pros and cons

Leonard Yap

Whole genome testing has enabled affordable in-depth analysis of entire genomes, but there are consequences to the information overload, say medical geneticists.

Geneticists at the University of North Carolina at Chapel Hill (UNC), US, said this avalanche of information encompasses the totality of one's genetic mutations and, as such, has both promise and threats associated with its use.

Pros

- Tests clarify a diagnosis and direct a physician toward appropriate treatments
- They allow families to avoid having children with devastating diseases or identify people at high risk for conditions that may be preventable.

Cons

- Tests only provide a probability of developing a disorder for adult-onset disorders such as Alzheimer's disease and some cancers.
- There is a difficulty in interpreting a positive result because some people who carry a disease-associated mutation never develop the disease.

Source: ***www.ornl.gov/sci/techresources/Human_Genome/medicine/genetest.shtml#procon***

Whole genome testing will routinely uncover both trivial and important medical information, welcome or otherwise, thus presenting the medical community with new challenges. [*JAMA* 2011;306(21):2376-7]

"What you're now dealing with is a real medical test, one that has the power to help, hurt and to confuse.

Doctors should be cautious with the amount of genetic information dispensed to their patients, particularly with incurable diseases.

"I believe we need to think carefully about how to best use it and how that use should be regulated in order to maximize benefit and minimize harm," said Dr. James P. Evans, Bryson Distinguished Professor of Genetics and Medicine at UNC.

"What we have had up until this point with direct-to-consumer genetic testing, despite all the hoopla, was arguably rather trivial from the standpoint of either benefits or threats. It was a fairly worthless technology because it really didn't give people medically significant findings," Evans said.

"Now we are entering an entirely different era due to the advent of robust sequencing technology. We have now the potential to tell people very real and important things about their genomes," he added.

Some information can be useful and welcome if acted upon in the right way, but some may not be very welcome, especially to those who are at high risk for an untreatable disease such as dementia. MT

Safeguarding the DST program

By Dato' Eisah A. Rahman, Senior Director of Pharmaceutical Services, Ministry of Health Malaysia

The Pharmaceutical Services Division (PSD), Ministry of Health (MOH), has been acknowledging the role of the Federation of Private Medical Practitioners' Association, Malaysia (FPMPAM) and Addiction Medicine Association of Malaysia (AMAM) in the setting up and implementation of the National Drug Substitution Therapy (NDST) registry since 2006. PSD has been working together with these organizations in approving and recommending medical practitioners in the registry to participate in the drug substitution therapy (DST) program.

However, since the registry is run on a voluntary basis and lacks the authority's supervision and control, it has failed to address the shortfalls commonly found in the DST program, which is to ensure that there would be no abuse, misuse and diversion of drugs used in the program which could eventually lead to crime. From the experience of developed countries like UK, the US, Australia and France which started the DST program 30 years ago, it is a well-known fact that the practice could be abused and misused. Diversion of medicines in the DST program, particularly buprenorphine, has occurred amongst some errant medical practitioners.

The practice of the authority in issuing licenses to use opiates in treating drug addictions (as in UK) and authorization/permits for prescribing methadone/buprenorphine (eg, in Australia) is not new and has been implemented to curb and overcome these problems.

By implementing Regulation 12A and Regulation 14 of the Poisons (Psychotropic Substances) Regulations 1989, it is compulsory for registered medical practitioners to obtain a permit from the PSD to purchase and use buprenorphine and methadone before they can start treating drug addicts. This permit comes with terms and conditions to ensure that addicts will get correct and effective treatment from law-abiding medical practitioners. In addition to that, PSD has promoted the amendment to be implemented together with the DST treatment protocols issued by MOH as the best medical practice which should be followed by all permit holders.

PSD believes that by the issuance of this permit, it will ensure that both drug addicts and medical practitioners obtain the maximum positive benefits from the DST program. Furthermore, it will promote professionalism and recognition to society that the DST program is successfully implemented and would help drug addicts return to their normal life and become useful to the nation.

The allegation that pharmacists do not require a permit to deal with psychotropic substances such as buprenorphine and methadone is not true because under the Poisons Act 1952, a registered pharmacist must possess a Type A license before he or she is allowed to deal with the substances.

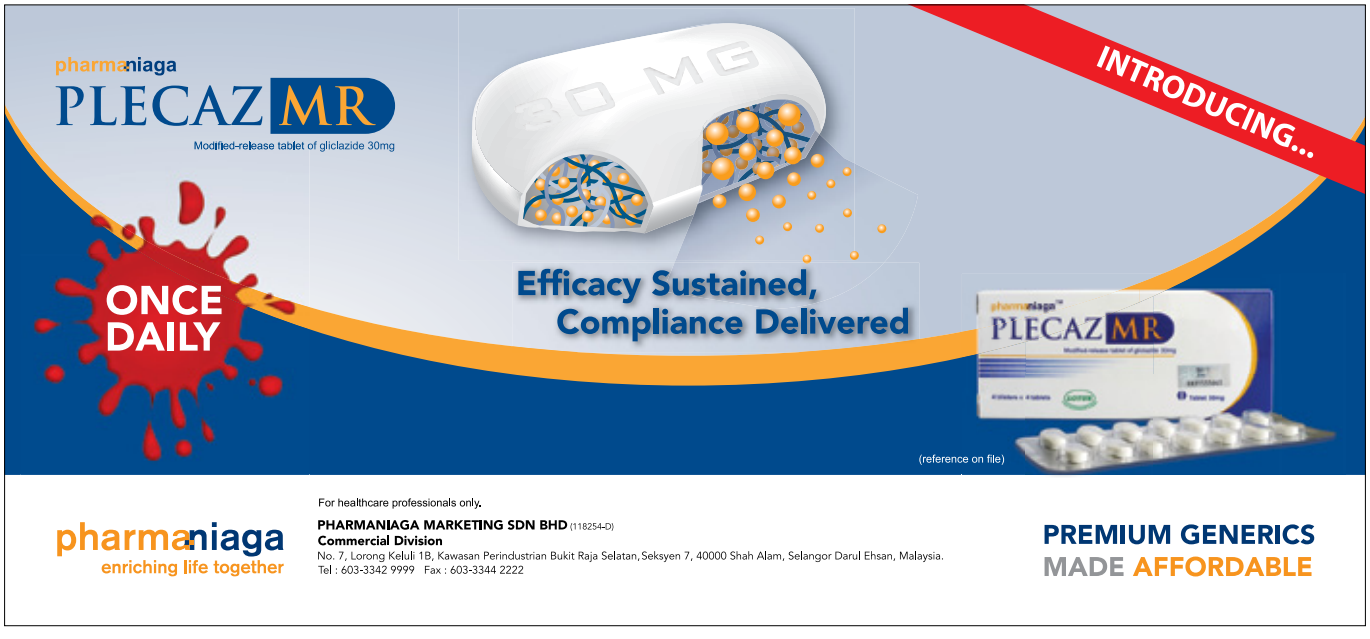
On the recommendation of the National Key Result Areas (NKRA) Crime Laboratory initiative, PSD has been entrusted to curb the problem of abuse, misuse and diversion of psychotropic substances, which could lead to street crimes. Psychotropic

substances commonly found to be abused are buprenorphine and methadone, which are mixed together with short-acting benzodiazepines such as midazolam to form illegal cocktails.

Due to these problems, an online system is being developed to register all private medical practitioners who participate in the DST program. The system, which is named *Sistem Pengurusan Kawalan Efektif Substans* (SPIKES), will be fully functioning this year. With this system, private medical practitioners will be able to apply for their permits online by providing information about their patients and the amount of buprenorphine and methadone that is needed. This information would be stored in the system's database and can be shared among government agencies involved in the DST program. This information would also serve as a report to the International Narcotics Control Board (INCB), which controls the consumption of narcotics and psychotropic drugs at the international level.

With the implementation of the psychotropic permits and the SPIKES system, PSD hopes that all relevant stakeholders will be more vigilant and able to work together effectively to ensure the improvement and success of the DST program. MT

**Note: The above are comments on issues discussed in the article titled* DST faces setback just as progress is being made*, which appeared on the front page of the 1-15 December, 2011 issue of* Medical Tribune.



School absenteeism linked to mental health problems

Students who are frequently absent from school are more likely to have symptoms of psychiatric disorders later on in adolescence, shows a US study.

The longitudinal study of more than 17,000 youths also found that mental health problems, such as antisocial behavior or depression, during one year also predicted missing additional school days in the following year for students in middle and high school.

The study, published in *Child Development*, was conducted by researchers at the University of California, Los Angeles (UCLA), the University of Florida, Boston University, the Child and Adolescent Services Research Center, the Oregon Social Learning Center, and Johns Hopkins University.

"School personnel in middle schools and high schools could benefit from knowing that mental health issues and school absenteeism each influence the other over time. Helping students address mental health

issues may, in turn, help prevent the emergence of chronic absenteeism. At the same time, working to help students who are developing a pattern of chronic absenteeism come to school more consistently may help prevent psychiatric problems," said lead author Jeffrey Wood, an associate professor of educational psychology and psychiatry at UCLA. MT

Hepatitis risk from nail salons, barbershops

The risk of hepatitis B or C transmission at nail salons and barbershops cannot be excluded if nail files, razors, clippers and scissors are not routinely disinfected, according to a study.

Customers should be aware of the potential risks and take precautions including asking questions to determine whether or not the salons are properly cleaning and disinfecting tools and equipment, said researcher Dr. David Johnson, of the Eastern Virginia Medical School, US, who reviewed 18 published papers to establish the connection.

The results were presented at the recent annual scientific meeting of the American College of Gastroenterology held in Washington DC., US.

"Healthcare providers need to be aware of these risks – both for appropriate counseling of their patients, and when assessing possible causality in patients with hepatitis B or C," said Johnson, while recommending necessary training for barbers and nail technicians. MT

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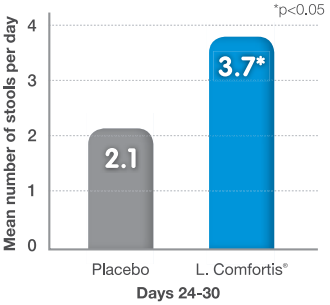

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3D breast imaging now offered by NGO

Malvinderjit Kaur Dhillon

The National Cancer Society of Malaysia (NCSM) has become the first non-profit organization in the country to screen patients for breast cancer using three-dimensional (3D) digital tomosynthesis, making Malaysia the fifth nation in Asia to offer this technology.

The new imaging platform, which was approved by the US FDA on 11 February 2011, produces a far clearer view of breast tissue compared with mammography. [*Radiology* 2011;261(1):80-91]

Its introduction is in line with NCSM's efforts to help women prevent breast cancer with ongoing screenings and increasing survival rates for those diagnosed with the disease by detecting it in its early stages.

NCSM president Dr. Saunthari Somasundaram said, "Digital tomosynthesis opens up multiple new avenues of investigation to detect and diagnose breast cancer in its early stages."

Tomosynthesis reveals the inner architecture of the breast without the distortion typically caused by shadowing or density of tissues. Thin layers of breast tissues are shown individually, not as overlapping tissue layers which can hide lesions or cause benign areas to appear suspicious. This is in stark contrast to conventional mammograms, which show overlapping tissues and can be confusing.

While traditional mammogram produces two-dimensional (2D) imaging, the 3D digital breast tomosynthesis allows both 2D and 3D screening in one compression within a few seconds at a combined X-ray dose below the acceptable levels stated in the FDA's guidelines.

Through tomosynthesis, radiologists and physicians can compare a patient's previous 2D mammogram with the 3D format. The 3D mammogram can potentially provide better visualization, easier and earlier detection, and results in fewer call-backs, all of which mean less anxiety for patients.

The possibility of improved accuracy in detecting cancer with tomosynthesis will decrease the number of patients called for further checkups by their radiologists as the technology can potentially rule out breast cancer.

Dr. Sulaiman Tamanang, a consultant radiologist at NCSM, said: "False positive studies account for almost 25 percent of the cases when women are recalled for additional imaging. By eliminating this structural overlap, tomosynthesis prevents virtually all of these unnecessary call-backs, along with the anxiety they create."

Tomosynthesis also benefits younger women with dense breasts as the machine is highly sensitive and can detect abnormal cells more accurately.

Generally, dense breasts are more difficult to interpret on a traditional mammogram as the X-rays do not penetrate dense tissues as well as they do in fat. On a mammogram, dense breast tissue appears as a solid white area and fat appears as a dark area. Tumors also are dense tissue and appear as solid white areas on the mammogram. This poses a challenge in detecting a tumor in dense breasts because it

mimics the dense tissue that surrounds it.

The Selenia Dimensions Breast Tomosynthesis was launched at the NCSM's Women Cancer Detection Centre by the Sultan of Perak and Royal Patron for NCSM, Sultan Azlan Shah Ibni Almarhum Sultan Yussuf Izzudin Shah Ghafarullahu-lah. MT

Breast cancer screening for 1,000 women

Saras Ramiya

The Cancer Research Initiatives Foundation (CARIF) recently launched the *More Than A Mammo* program aimed at increasing the awareness and uptake of mammogram screening for breast cancer.

The program seeks to examine how genes, lifestyle and mammographic density affect Malaysian women's risk of breast cancer, and underline the message that early detection saves lives. The program aims to reach out to 1,000 women and offers mammograms at a subsidized rate of RM50.

"Since its launch on 11 October 2010, more than 300 women have come forward to participate, and we hope to reach the target of 1,000 women by mid-2012," said Professor Teo Soo Hwang (Ph.D.), CEO of CARIF, adjunct professor at University of Malaya and the principal investigator of the program, which is in collaboration with Sime Darby Medical Centre Subang Jaya (SDMC SJ).

The criteria to participate in this program include aged 40 and above, have no personal history of breast cancer and have not gone for a mammogram in the last 12 months. However, women who are below 40 and have a family history can participate with a doctor's referral. For research purposes, participants will be asked to donate a small blood sample and complete a simple questionnaire about factors that relate to breast cancer such as menstrual periods, pregnancies, lifestyle habits, etc.

Interested participants may register at the Breast Care Centre, 1st Floor Outpatient Centre, SDMC SJ, Mondays to Fridays, call (03) 5639 1340 or log on to ***www.carif.com.my*** for more information. MT

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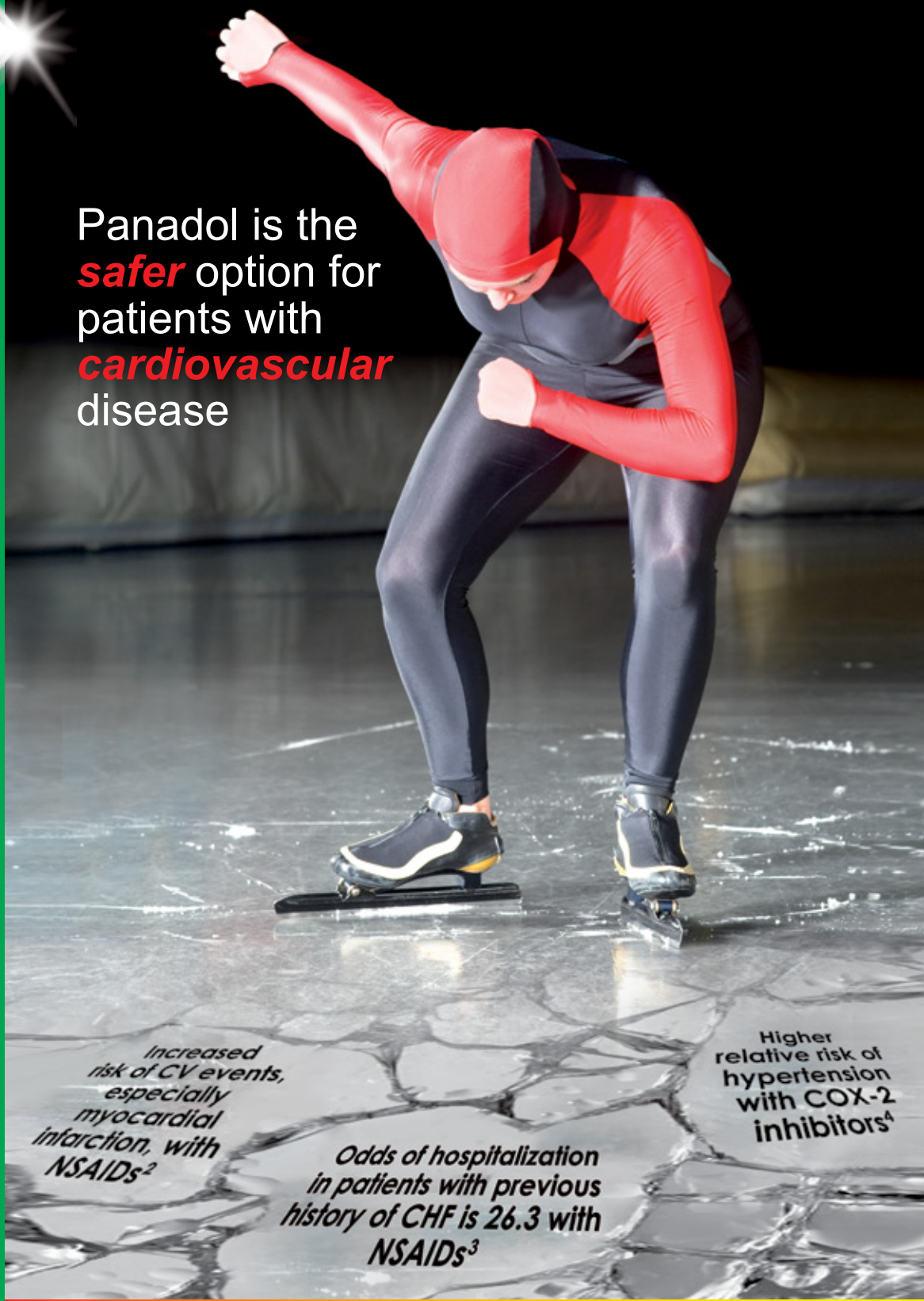
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"Paracetamol is recommended for musculoskeletal symptoms in patients with known CV disease or risk factors for ischemic heart disease" *The American Heart Association*[1]

References: 1. Antman EM, et al. *Circulation* 2007;115(12):1634-1642. **2.** Kearney PM, et al. *BMJ* 2006:332:1302-1308. **3.** Page J, et al. *Arch Intern Med* 2000;160:777–784. **4.** Aw TJ, et al. *Arch Intern Med* 2005;165:490-496.

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Healthcare reforms – much work ahead

Pank Jit Sin

As our country is in the midst of creating the blueprint for social healthcare insurance, researchers and policymakers seem to be at odds on which evidence should be taken into account when drawing up new policies.

According to Dato' Dr. Maimunah A. Hamid, Deputy Director-General of Health (Research and Technical Support), Ministry of Health (MOH), there is a discrepancy in translating research findings into policy-making decisions.

This discrepancy is caused by ineffective communication between researchers and policymakers – something Maimunah calls "the gap." Among the problems faced by researchers in getting their data to policymakers is the uncertainty of what constitutes the best evidence and how relevant, feasible and affordable this evidence is in the local setting. [*Lancet* 2005;366:1758-60]

Other perceived impediments that hamper the transfer of research into policy include poor communication (between researchers and policymakers); poor understanding of the value of research; the distortion of evidence; the absence of an appropriate research agenda; weak capacity in health systems research; and the absence of quality assurance in research (ie, lack of confidence in research data). [*Lancet* 2005;366:1758-60]

On the other hand, noted Maimunah, certain things can be done to help drive the transition from research to policy, and these include simplifying and packaging research on the basis of convincing and accurate evidence; making it easy to access evidence and information; improved capacity (on the part of researchers) to synthesize and present evidence; continuous dialogue between stakeholders; and the formation of strategic alliances between researchers and policymakers.

> "What it all boils down to is the need for better communication and cooperation between researchers and policymakers ..."

At the end of the day, Maimunah said, what it all boils down to is "the need for better communication and cooperation between researchers and policymakers to translate and use research findings into policy and practice."

Proposed changes for the new healthcare system

In its current proposed form, financing for the new healthcare model is expected to be from a combination of mechanisms: social health insurance; general government revenue ie, taxation; and minimal

> "The aim of the proposed system is to achieve more funding for healthcare, coupled with increased coverage

co-payments for a defined benefits package. The social health insurance will be in the form of mandatory and regular contributions.

Maimunah said the collective finances will be pooled into a single fund "to promote social solidarity and unity as per the 1Malaysia concept." The fund will be managed by a body known as the National Healthcare Financing Authority (NHFA), a not-for-profit autonomous government agency under the supervision of the MOH.

The proposed healthcare reforms bring with them many implications, amongst which is the integration of the public-private healthcare systems with the MOH playing a stronger governance role. Here, the remuneration for doctors will be based on a benefits package and performance.

With the integrated system, registries will be required for healthcare providers and patients, and the gate-keeping role will be played by primary care providers. Service will also be free at the point of care, with the possibility of minimal co-payment.

The aim of the proposed system is to achieve more funding for healthcare, coupled with increased coverage. Under the existing healthcare model, those who opt for the public route will be funded by the MOH, while those resorting to the private arm will pay from their own pockets.

Maimunah was speaking at the 3rd Asia Pacific Primary Care Research Conference in Petaling Jaya. MT

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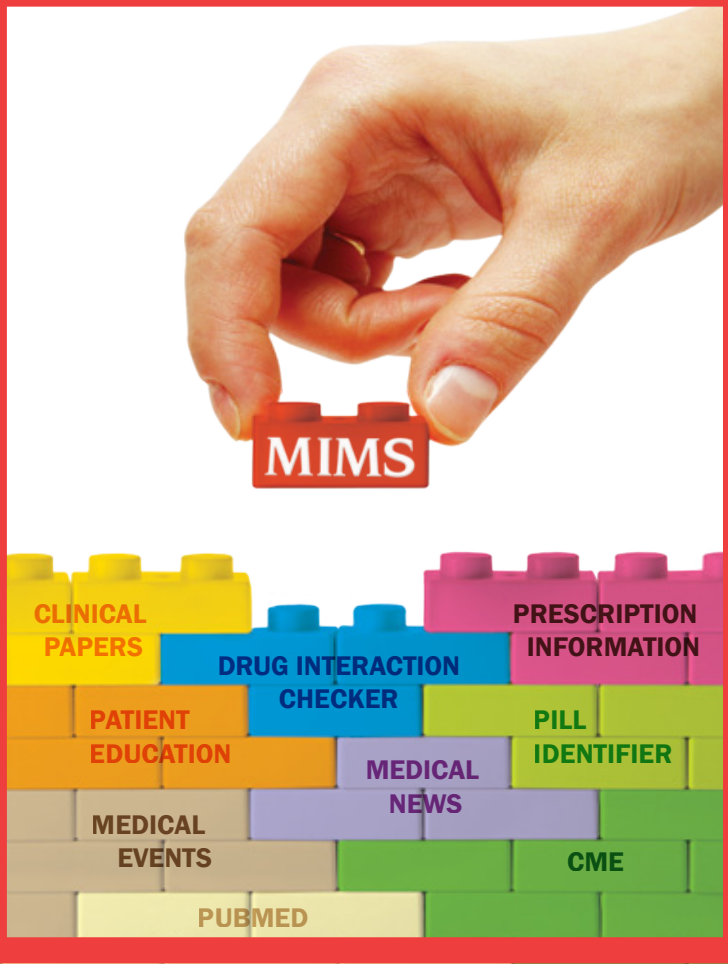

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Prompt treatment needed for circadian rhythm disorders

Saras Ramiya

Circadian rhythm disorders can lead to depression, thus should be treated promptly and adequately, say psychiatrists.

Circadian rhythm disorders are disruptions in a person's 'internal body clock' that regulates biological processes such as brain wave activity, hormone production and cell regeneration. Hence, these disorders can change sleep-wake cycles, hormone release, body temperature and other important bodily functions.

Consultant psychiatrist Professor Azhar Md Zain, of the department of psychiatry, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, said circadian rhythm disruption has been found in patients with major depression. Although circadian rhythm changes are thought to be a contributing factor to depression, it is also possible that they are a consequence of depression.

Stress caused by traumatic events such as death of a loved one, marital conflict, major illness, work pressure, etc., may disrupt the circadian rhythm, leading to biological, physiological and behavioral disturbance in depressed patients. "This, in turn, results in difficulty in early morning awakening, early morning mood changes, lack of energy and drive, poor appetite and impaired concentration. The subject then gradually becomes withdrawn. In the longer term, it affects not just his mental state, but overall health and wellbeing," Azhar said.

Activities like regular transmeridian travel, working on night shift for prolonged periods and delayed sleep phase syndrome can alter the circadian rhythm and lead to depression, said Dr. Ting Joe Hang, a consultant psychiatrist. "Most depressed patients have sleep problems, but not all people with sleep problems are depressed, so prudent evaluation is required to chart out a treatment regime that includes medication, counseling and therapy," he added.

Azhar said that while depression is a common disorder, disruptions to the circadian rhythm associated with depression have received little attention. However, there are now new approaches to treatment, which previously focused on neurotransmitter disturbances. A new medication, agomelatine, targets the melatonergic receptors in the brain. When taken at bedtime, agomelatine acts to resynchronize the circadian rhythm and, in the process, improve sleep quality.

Professor Mohamad Hussain Habil, of University Malaya Medical Centre, said, "Up to 82 percent of depressed patients remain untreated due to social stigma, misdiagnosis and undertreatment." As depression is a chronic, relapsing disorder, patients have to be compliant with their medication. Unfortunately, many patients, when they recover slightly from their problems, stop their medication, he said.

Azhar, Ting and Hussain were speaking at a media workshop on circadian rhythm and depression organized by Servier Malaysia. MT

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MTPEB1-12/001

Brachytherapy a good option for prostate cancer

Leonard Yap

Brachytherapy is an effective treatment option for low to intermediate risk prostate cancer, says an expert.

Brachytherapy, or the implantation of radioactive seeds, is an extremely viable form of treatment, especially in those reluctant to undergo surgery, said Dr. Loh Chit Sin, a consultant urologist. "[Radioactive] seed[ing] is a modality that we should not deny our patients. Seeds give low-energy radiation and the effects are very localized."

"As far as radiation is concerned, dose matters. The higher the dose, the surer the effect of cancer control. We have seen an escalation in terms of technology from 3D conformal [three-dimensional conformal radiation therapy] to IMRT [intensity-modulated radiation therapy] and, lately, TomoTherapy."

Delivering the right dose of radiation to the cancer ensures less unnecessary exposure to surrounding organs.

"The challenge as far as seeds are concerned is basically staging. You have to be sure you are treating cancers that seeds can get to ... we have to make sure we place the seeds very accurately and dosimetry is very important," he added.

Brachytherapy with permanent or temporary seed implantation is a minimally invasive procedure performed as a single outpatient treatment under spinal or light general anesthesia.

> **"The higher the dose, the surer the effect of cancer control**

"We have seen that with these technologies you are able to increase the dose delivered without associated increased complications to somewhere in the region of >80 Gy. With seeds, you are able to put in 145 Gy. It is a massive dose in terms of radiation." *[Int J Radiat Oncol Biol Phys* 2008;71(2):330-7, *J Urol* 2006;176(4 Pt 1):1415-9]

There is no reason at all why seeds will not work. In addition, there are minimal complications related to brachytherapy, with lower incidences of urinary incontinence and erectile dysfunction, he said.

The procedure involves the placement of tiny radioactive seeds via thin needles into the prostate using ultrasound guidance. In contrast to biopsy, the needles do not go through the rectum, but are placed through the skin just above the anus and below the scrotum. Prior to implantation, seed placement is carefully mapped out using sophisticated computer planning.

Brachytherapy has the advantage of delivering substantially higher doses

to the cancer than any type of external beam radiation or High Dose Rate (HDR). Seed implantation delivers substantially less radiation to surrounding normal tissues, thus, there is less risk of injury to the bladder, hips, small bowel and other organs. [***www.prostatecancertreatmentcenter.com/ProstateCancer/TreatmentOptions.aspx*** Accessed on 4 January]

Loh was speaking at the 20th Malaysian Urological Conference-Asia Pacific Society of Uro-Oncology Conference in Kuala Lumpur. MT

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Neonatal registry keeps track of small, preterm babies

Malvinderjit Kaur Dhillon

The Malaysian National Neonatal Registry (MNNR) has the potential to become a useful tool to document the statistics of very low birth weight (VLBW) and preterm infants.

According to Dr. Irene Cheah, a consultant pediatrician at Kuala Lumpur Hospital (HKL), a pilot study participated by 14 hospitals from October to December 2002 determined that the registry would have very low birth weight (VLBW) and preterm infants below 32 weeks gestational age as its main patient group forming the minimal data set. There are currently 34 participating hospitals uploading data of about 12,000 patients per year.

The objectives of MNNR are to provide statistical information on case mix, workload and morbidity and mortality outcome of the VLBW infants across centers as well as statistics on neonatal death and congenital anomalies; to support quality assurance activities such as the use of antenatal steroids in each center and infection rate, to detect clusters of preventable adverse events such as severe retinopathy of prematurity and pneumothorax; and as a research tool that can be used to track the effectiveness of changes in treatments leading to reduced morbidity.

Some issues faced in starting and maintaining a web-based registry is the need to have dedicated staff to manage the registry; frequent communication and meetings with the Source Data Provider (SDP) for training; teamwork in the SDP hospitals to ensure data entered is accurate and timely; monitoring of data for completion, timeliness and accuracy; data security and recovery; providing regular reports to SDP hospitals and stakeholders and; most importantly, finding the funding to run the registry.

> “ **... MNNR has provided useful data in terms of morbidity and mortality statistics**

Cheah, who was speaking at the 5th Safe Motherhood Congress 2011 in Kuala Lumpur, said that MNNR has provided useful data in terms of morbidity and mortality statistics. Two thirds of critically ill babies in the major MOH hospitals are less than 32 weeks old or weigh less than 150 g at birth. The median survival rate for preterm infants between 28 and 32 weeks old was 85 percent in 2008 and for preterm infants between 25 and 27 weeks old was 46 percent.

The MNNR can be found online at ***www.acrm.org.my/mnnr/*** MT

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MTAPR15-11/001

Include boys in teenage pregnancy prevention

Leonard Yap

Boys and men should be included in programs aimed at preventing teenage pregnancy, says an expert.

There is a tendency for society to place the blame on the teenage girl when she gets pregnant, said Dr. Safiah Bahrin, assistant director of the Family Health Development Division, Ministry of Health, adding that teenage boys and men should be held equally responsible for the pregnancy. Therefore, for prevention programs to be successful, it is important to engage teenage boys and men.

In addition to engaging boys and men to be part of teenage pregnancy prevention, the "[prevention] message should be very clear and consistent" as there is a tendency for parents, the media and even politicians to send out mixed messages that often confuse an already confused teenager, she said at the 5th Safe Motherhood Congress 2011 held in Kuala Lumpur.

Engaging the teenager instead of berating them may prove to be more productive in preventing teenage pregnancy.

Successful prevention programs should "encompass education, skills; meaning to say, not only creating awareness among our adolescents, but teaching our adolescents skills on abstinence and encouraging them to access our sexual reproductive health services. And we must learn and be able to motivate them so that they have a pregnant-free adolescence," she added.

Messages about abstinence should not be fear-based because teenagers respond better to positive messages. ""It may not be helpful to tell a teenager that he or she is committing a dosa (sin) because they may not know what dosa means. You need to tell them what the result will be when you get involved in sexual activities. We should also address our sexual abuse rates as they are likely to be quite high."

> **"It may not be helpful to tell a teenager that he or she is committing a dosa (sin) because they may not know what dosa means**

In addition, educating and inculcating the abstinence message early on in adolescence when teens are less likely to be sexually active increases the likelihood that teenagers will respond to it. Parents should also take responsibility in educating and guiding their children toward a healthy and pregnancy-free lifestyle, she added.

Sexual reproductive health education (SRHE) is a good way of educating

teenagers about sexuality and sexual health. Contrary to some beliefs, SRHE does not promote sex at an earlier age or promiscuous behaviour.

In fact, it has been shown to delay sexual activity and reduce pregnancy rates. [Unicef Fact Sheet, Preventing Teen Pregnancies: Strategies for Success, ***www.unicef.org/malaysia/Preventing_teen_pregnancies.pdf*** Accessed on 6 January]

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MTFEB1-12/001

World's first nomogram for elderly cancer patients

Yen Yen Yip

National Cancer Centre Singapore (NCCS) researchers have developed the world's first nomogram, a diagram that predicts a patient's prognosis, to improve geriatric cancer care.

In their study, published recently by the *Journal of Clinical Oncology*, the researchers performed a multivariate analysis to identify significant prognostic factors using a comprehensive geriatric assessment (CGA). [*J Clin Oncol* 2011;29:3620-7] These results were then used to develop a simple nomogram predicting overall survival in elderly cancer patients.

Today's gold standard, the Eastern Cooperative Oncology Group (ECOG) measure of performance status, may not adequately assess geriatric cancer, said lead investigator Dr. Ravindran Kanesvaran, associate consultant in medical oncology with the NCCS.

"Currently, the assessment of elderly cancer patients is limited to their performance status alone," he said. "This may not be an accurate measure in view of the multiple medical and psychological problems that this group suffers from."

Indeed, evidence suggests that ECOG can be improved with CGA measures for older cancer patients. [*J Clin Oncol* 2002;20:494-502] A CGA evaluates a number of factors, such as a senior's functional status, comorbidities, cognition, psychologic state, social support, nutritional status and medication use. Studies in western populations have shown that a CGA is strongly correlated with survival in geriatric oncology.

To evaluate the CGA's relevance for Asia, Kanesvaran's group analyzed all its factors in 249 patients aged 70 years and above at the NCCS. A research coordinator took each patient through a CGA questionnaire, a process which lasted 30 to 40 minutes.

Only some of its factors significantly and independently predicted survival for these patients – age, abnormal albumin levels, poor ECOG performance status, abnormal depression status, high malnutrition risk, and advanced disease stage.

Using these prognostic factors, the researchers created a nomogram. The researchers then compared the nomogram-predicted outcomes with actual patient outcomes. The results showed that the tool could accurately determine a patient's overall survival for 3 years.

The researchers believe the nomogram will simplify and improve the accuracy of prognosis for geriatric patients. Conducting a CGA evaluation is time consuming and labor-intensive. In contrast, a nomogram is easy to use and saves time.

Already used in prostate cancer, nomograms can impact clinical care "tremendously," Kanesvaran said, "as treatment decisions regarding when to intervene can be made more accurately."

In Singapore, where 60 percent of cancer patients are above 65 years of age, the nomogram developed by Kanesvaran's team could change the way

elderly cancer patients are assessed.

"The next step to be taken will be to prospectively use the nomogram on a patient population, local or even overseas, to validate its accuracy," he said. Once validated, the nomogram can be introduced as a prognostic tool in cancer clinics or clinical trials. MT

Clear labeling on TCM products may cut adverse events

Sue Mulley

Information on how to use over-the-counter (OTC) traditional Chinese medicine (TCM) products and their potential adverse events in package inserts is insufficient, according to findings from a local study.

Study leader Professor Jean Hee Kim and colleagues at the Chinese University of Hong Kong School of Public Health and Primary Care conducted a random, anonymous telephone survey of 1,100 Hong Kong Chinese adults aged 18 to 80 years earlier this year. The study sample mirrored the general Hong Kong population; about 47.3 percent were males and about half were over the age of 45.

During the past year, 71 percent had taken some form of OTC TCM, most commonly for influenza or colds, followed by muscular or joint pains and intestinal problems such as indigestion. Some 2.3 percent reported experiencing an adverse event from this self-medication.

Of these OTC TCM users, 66.9 percent 'seldom or never' asked the retailer any questions and 77.6 percent 'seldom or never' sought further information on these OTC preparations from a TCM practitioner.

Although the researchers did not ask about specific brands, they found that pills/tablets were responsible for 40 percent of adverse events, followed by creams/rubs at 27 percent and plasters at 20 percent. Allergic reactions were the most common complaints, followed by dizziness. A few patients (about 0.5 percent) required medical attention. The majority of those surveyed (68.5 percent) reported they 'always or often' read the package inserts; however, 43 percent found the labeling was 'unclear or inadequate.'

Almost two in three respondents stated that there was insufficient government regulation of OTC TCM products.

"The study was prompted by news reports of individuals being poisoned from misusing TCM products. A surprising percentage of people – more than 50 percent – thought it was impossible to overdose on TCM products," Kim said.

"Policies for drug labeling should address the lack of accessibility to OTC TCM product information and strengthen regulations," she suggested.

In fact, from December 2011, all OTC TCM products are required by law to include clear labeling and package insert to be sold on the market. Violators face a maximum penalty of HKD 100,000 and 2 years' imprisonment. MT

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HK a leading hub in regenerative medicine

Naomi Rodrig

Hong Kong has emerged as a regional hub in the field of stem cell biology and tissue engineering, as reflected at last month's *Re-engineering Regenerative Medicine* symposium organized by the Stem Cell and Regenerative Medicine Consortium (SCRMC) of the University of Hong Kong (HKU).

The SCRMC was launched in 2010 with a mission to establish an international program in regenerative medicine that will serve as a regional hub and a bridge between China and the West. According to the organizers, over 500 prominent scholars, scientists and physicians from over 15 countries attended the 2-day meeting.

The symposium, with sponsorships from the Innovative Technology Commission (ITC) of the Hong Kong Special Administrative Region (HKSAR) and the Croucher Foundation, was hosted by the SCRMC jointly with Days of Molecular Medicine Global Foundation, American Association for the Advancement of Science (AAAS), Karolinska Institutet and Fondation IPSEN.

Presentations explored the interface between tissue engineering and stem cell biology, and how to overcome barriers in translating research advances into clinical benefits in repairing and replacing aging and diseased tissues. Experts presented new strategies for engineering liver, skin and corneal tissues, regeneration of the nervous system, and the design of better biomaterials for engineering bone, cartilage and muscle. A special workshop focused on stem cell therapies for treating heart disease.

"With support from the universities, the

Research Grants Council [RGC] and the ITC, and importantly, our professors and trainees, we in Hong Kong have made the first but very important big leap in this revolutionary field. Hong Kong is presenting to the world over 50 new stem cell projects, conducted by over 100 of our local investigators. This represents almost half of all the new exciting projects at this conference," said SCRMC director, Professor Ronald SY Li.

By establishing collaborations with overseas institutions such as Harvard University and Karolinska Institutet, the SCRMC has extended its research network. "Staff and student exchange, as well as collaborative research will be organized to achieve synergistic effects," added Li.

The Consortium also signed an institutional agreement with the Chinese Academy of Sciences, Guangzhou Institute of Biomedicine and Health to jointly run the newly established Hong Kong-Guangdong Stem Cell and Regenerative Medicine Research Center.

"All these reflect that both the HKSAR and Central governments recognize the importance and prospect of this research area, and their commitment for sustained developments," he noted. MT

More fruits and veggies won't fix COPD

Radha Chitale

Extra helpings of fruits and vegetables each day may be healthy but such a regimen won't help patients with COPD, research shows.

COPD patients who upped their fruit and vegetable intake to five or more portions each day for 3 months exhibited no physical or biological indications of improved disease compared to COPD patients who ate two or fewer servings each day. [*Eur Respir J* 2011 Nov 16. Epub ahead of print]

"A larger sample size would, of course, have improved the power of the study; however, even trends towards significance were not apparent in the data," the researchers said.

By 2020, the WHO predicts COPD will be the third leading cause of death worldwide. The researchers theorized that antioxidant and anti-inflammatory properties of fruits and vegetables may have beneficial effects on lung function and COPD.

They noted positive associations between fruit and vegetable intake and forced expiratory volume in one second (FEV1) as well as an association between low fruit and vegetable intake and low FEV1 in previous studies. However, there is a lack of randomized controlled trial data on dietary interventions in COPD.

This exploratory randomized controlled trial included 81 stable patients with moderate to severe COPD who ate up to two portions of fruits and vegetables each day, a chronically low daily intake. The patients were randomized to an intervention group that was assigned five or more servings of fruits and vegetables each day or a control group. One portion was defined as 80 grams or 150 mL of fruit juice.

Participants self-selected fruits and vegetables to be delivered to their homes for 12 weeks and self-reported their intake and were given advice on preparing the fruits and vegetables and how best to incorporate them into their diets. Researchers also followed up with the intervention group weekly during the trial to ensure compliance, record

any exacerbations and discuss problems.

Compliance with intervention was high — 75 participants completed the intervention — showing that an intervention strategy for increased fruit and vegetable intake can work among COPD patients.

The intervention group increased their fruit and vegetable intake by 4.6 portions per day while the control group increased intake by 0.5 portions per day ($P<0.001$).

However, extra servings of fruits and vegetables were not associated with improved FEV1 intake or biomarkers — including interleukin-8 and C-reactive protein, which correlate positively with disease severity — for airway inflammation, systemic inflammation or oxidative stress in patients with COPD, despite good compliance.

Both groups still had a high prevalence of biomarkers indicating increased risk of cardiovascular disease and cancer. A total of 35 patients had COPD exacerbations, six of whom needed hospitalization. Patients were also not encouraged to change other lifestyle habits, including smoking.

"Further work in this area should not be precluded based on the results of this initial study alone as many individual factors could affect the outcome of such work," the researchers said.

"Although no signal was apparent, a potentially beneficial effect of increased fruit and vegetable intake in COPD cannot be excluded based on this exploratory study along as longer-term interventions [given the chronic nature of COPD], with different endpoints, may be required to demonstrate biological effects in this population." MT

Steroids reduce COPD attacks in critically ill

Elvira Manzano

Corticosteroid therapy may ease acute exacerbations of chronic obstructive pulmonary disease (COPD) in critically ill patients, allowing for reduced reliance on ventilatory support.

This was the key finding from a double-blind, placebo-controlled trial of 354 patients aged 18 and older with known COPD and hospitalized due to exacerbations defined as presence of two or more of the following symptoms – worsening dyspnea, increase in sputum purulence or sputum volume and with acute hypercapnic respiratory failure (pH<7.5, with a PaCO2 >45 mmHg) requiring invasive or noninvasive ventilator support.

Interestingly, treatment with systemic corticosteroids cut the median duration of mechanical ventilation by 1 day (from 4 days to 3; $P=0.04$) and reduced intensive care unit (ICU) stay (from 7 days to 6; $P=0.09$). It also reduced the need to transition patients from noninvasive to invasive ventilation (0 percent versus 37 percent; $P=0.04$).

The researchers, led by Dr. Andres Esteban of the Hospital de Getafe, Madrid, Spain, randomized 83 patients to either intravenous methylprednisolone (0.5 mg/kg every 6 hours for 72 hours, then 0.5 mg/kg every 12 hours on days 4 through 6, then 0.5 mg/kg/d on

days 7 through 10) or placebo. Duration of mechanical ventilation, length of ICU stay, and need for intubation in patients treated with noninvasive mechanical ventilation were the main outcome measures. [*Arch Intern Med* 2011; 171:1939-1946]

Critically ill patients are prone to develop complications — infections, hyperglycemia, and ICU-acquired paresis – that are potentially associated with corticosteroid therapy. These conditions can prolong the duration of mechanical ventilation and increase mortality. In this study however, there were no reported cases of ICU-acquired paresis. As expected, hyperglycemia requiring treatment was more common with corticosteroids (46 percent versus 25 percent with placebo; relative risk 1.86; *P*=0.04). Glucose levels and daily insulin doses were also higher with corticosteroids.

Among the secondary outcomes, the risk of dying in the ICU was not reduced significantly with systemic corticosteroids (10 percent vs 12 percent, RR 1.16, 95% CI 0.34-4.03; *P*=0.81). Nor was there any impact on overall hospital stay (13 days vs 15 days, respectively, *P*=0.30) or risk of reintubation within 48 hours (14 percent vs 19 percent, *P*=0.71).

Systemic corticosteroids have been shown to help reduce acute exacerbations in many clinical trials that always exclude critically ill patients.

"This is the first clinical trial [to our knowledge] in patients receiving mechanical ventilation for a COPD exacerbation that confirmed the benefits of systemic corticosteroid therapy and showed a clinically significant reduction in both the duration of ventilatory support and the failure of noninvasive mechanical ventilation," said the authors. "The results of our study may not have a great impact on the current clinical treatment of ICU patients with exacerbations because most of them are probably treated with corticosteroids, but they do provide strong evidence of the beneficial effects of systemic corticosteroid therapy on clinically relevant outcomes in a patient population not that had never been previously enrolled in a clinical trial."

The researchers however cautioned that the low sample size made the study underpowered to detect uncommon risks. MT

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13th Malaysian Congress and Exhibition on Allergy and Immunology
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8th National Symposium on Adolescent Health (8th NSOAH)
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9th Malaysian Conference and Exhibition on Anti-Aging, Aesthetic, and Regenerative Medicine & 2nd International Congress on Anti-Aging, Aesthetic, and Regenerative Medicine

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46th Malaysia-Singapore Congress of Medicine

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Email : acadmed@po.jaring.my

September

14th Asian Pacific Congress of Pediatrics

8/9 to 12/9; Kuching

Info : Secretariat
Tel : (03) 7955 6608
Fax : (03) 7956 6608
Email : secretariat@apcp2012.org
http//apcp2012.org

14th Congress of the International Society for Peritoneal Dialysis (ISPD 2012)

9/9 to 12/9; Kuala Lumpur

Info : Ms Grace Chong
Tel : (03) 2162 0566
Fax : (03) 2161 6560
Email : ispd2012@console.com.my
www.ispd2012.org.my

October

9th World Congress of Chinese Medicine 2012

20/10 to 23/10; Kuching

Info : Mr Ting Ka Hua
Tel : (03) 6189 5188
Fax : (03) 6189 5199
Email : fcpmdam@gmail.com

December

10th Asia-Pacific Conference on Human Genetics 2012 (APCHG2012)

5/12 to 8/12; Kuala Lumpur

Info : Marcus Chew
Tel : (03) 2162 0566
Fax : (03) 2161 6560
Email : info@apchg2012.org
www.apchg2012.org

INTERNATIONAL EVENTS

February

6th Congress of the World Institute of Pain (WIP)

4/2 to 6/2; Miami, Florida, US

Info: Kenes International/WIP2012
Tel : +41 22 908 0488
Fax : +41 22 906 9140
Email : wip@kenes.com
www2.kenes.com/wip/pages/Home/aspx

70th Annual Meeting of American Academy of Dermatology

4/2 to 8/2; San Diego, California, US

Info : American Academy of Dermatology
Tel : +847 240 1280
Fax : +847 240 1859
www.aad.org

5th International Conference on Advanced Technologies & Treatments for Diabetes (ATTD)

8/2 to 11/2; Barcelona, Spain

Info : ATTD Registration Department
Email : attd@kenes.com
www2.kenes.com/attd/pages/home.aspx

22nd Conference of the Asian Pacific Association for the Study of the Liver (APASL)

16/2 to 19/2; Taipei, Taiwan

Info : Ms. Carrie Wang
Email : secretariat@apasl2012taipei.org
www.apasl2012taipei.org

20th Regional Conference of Dermatology

20/2 to 23/2; Manila, The Philippines

Info : Secretariat
Email : rcd2012@pds.org.ph
www.pds.org.ph/rcd-2012/

March

2012 Annual Meeting of the Academy of Allergy, Asthma & Immunology

2/3 to 6/3; Orlando, Florida, US

Info : Secretariat
Email : annualmeeting@aaaai.org
www.aaaai.org

61st American College of Cardiology (ACC) Annual Scientific Session

24/3 to 27/3; Chicago, Illinois, US

Info : Secretariat
Email : accregistration@jspargo.com
www.accscientificsession.org/

April

World Congress of Cardiology (WCC) Scientific Sessions

18/4 to 21/4; Dubai, UAE

Info : Secretariat
Email : wcc2012reg@mci-group.com
www.worldcardiocongress.org

May

19th WONCA Asia Pacific Regional Conference

24/5 to 27/5; Jeju Island,
South Korea

Info : Secretariat
Email : admin@woncaap2012.org
www.woncaap2012.org

American Thoracic Society (ATS) International Conference 2012

18/5 to 23/5; San Fransico, California, US

Info : Secretariat
Email : atsinfo@thoracic,org
http://conference.thoracic.org/2012/

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